

634

local registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County	<i>Maricopa</i>	BUREAU OF VITAL STATISTICS	State Index No. <i>268</i>
District of	<i>No 3</i>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <i>9671</i>
Town of	<i>Mesa</i>		Local Registrar's No. <i>247</i>
or			
City of		NAME ADDED BY SUPPLEMENT	St; Ward)
FULL NAME OF CHILD <i>Ruth Irene Woods</i>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	<i>NO</i>
Sex of Child	<i>Female</i>	Twin, Triplet or other	
and		Number in order of birth	
Legitimate?	<i>yes</i>	Date of Birth	<i>May 30 1912</i>
		(Month) (Day) (Yr.)	
Full Name	<i>FATHER Joseph E. Woods</i>	Full Maiden Name	<i>MOTHER Judith S. Cull</i>
Residence	<i>Mesa Ariz.</i>	Residence	<i>Mesa Ariz.</i>
Color or Race	<i>White</i>	Age at last Birthday	<i>44</i>
		(Years)	
Birthplace	<i>Ariz.</i>	Color or Race	<i>White</i>
Occupation	<i>Farmer</i>	Age at last Birthday	<i>38</i>
		(Years)	
Birthplace	<i>Ariz.</i>	Occupation	<i>Wife</i>
Number of child of this mother	<i>13</i>	Number of children, of this mother, now living	<i>7</i>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		Were precautions taken against Ophthalmia neonatorum?	<i>yes</i>
I hereby certify that I attended the birth of above child; and that it occurred on <i>May 30 1912</i> at <i>11:20</i> A.M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature)	<i>J. E. Drane Jr.</i>
Given or christian name added from a supplemental report		Address	<i>Mesa Ariz.</i>
191		LOCAL REGISTRAR	<i>J. E. Drane Jr.</i>
962-530-113		County REGISTRAR	<i>J. R. Watson</i>
COUNTY REGISTRAR.		Filed <i>June 3 1912</i>	A True Copy
		Filed <i>June 9 1912</i>	COUNTY REGISTRAR.